

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

	14:	32	304		
OMB APPROVAL					
	OMB Num	ber:	3235-0076		
	Expires:	April	30,2008		

Estimated average burden hours per response.....16.00

SEC USE ONLY						
Prefix	Serial					
DATE RECEIVED						
ì	1					

Filing Under (Check box(es) that apply): Rule 504 Type of Filing: New Filing Amendment	Rule 505 Rule 506 Section 4(6)	
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer		
Name of Issuer ( check if this is an amendment and	name has changed, and indicate change.)	08046874
DIGINI Inc.		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
5280 NW Village Park Drive, Issaquah, WA 98027	<u> </u>	
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		PROCESSED
Software		APR 1 8 2008
	tnership, already formed other (pl	lease specify): THOMSON FINANCIAL
Actual or Estimated Date of Incorporation or Organization Jurisdiction of Incorporation or Organization: (Enter two CN for (	العالما العالما العالما	

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the tiling of a tederal notice.

### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each heneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter ■ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Beaumont, Christian Business or Residence Address (Number and Street, City, State, Zip Code) 5280 NW Village Park Drive, Issaquah, WA 98027 Check Box(es) that Apply: Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Beaumont, Bennaz Business or Residence Address (Number and Street, City, State, Zip Code) 5280 NW Village Park Drive, Issaguah, WA 98027 Check Box(es) that Apply: Beneficial Owner Executive Officer Director Promoter General and/or Managing Partner Full Name (Last name first, if individual) Garcia, Tony Business or Residence Address (Number and Street, City, State, Zip Code) 5280 NW Village Park Drive, Issaquah, WA 98027 Promoter Check Box(es) that Apply: Beneficial Owner ✓ Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) Grande, Jon Business or Residence Address (Number and Street, City, State, Zip Code) 5280 NW Village Park Drive, Issaguah, WA 98027 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

				В. П	NFORMAT	ION ABOU	T OFFERI	NG		<u>.</u>	,	
1 11 4	- 1				11						Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								×				
2. What i	s the minim	um invecto					-				\$	
Z. What i	s the mining	um mvesm	nent that w	iii be acce	pica nom a	my marvia	uai:				Yes	No
3. Does th	3. Does the offering permit joint ownership of a single unit?											
										irectly, any		
										he offering. with a state		
									ciated pers	ons of such		
a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)												
	ruii Name (Last name tirst, ir individual)											
Business or	Residence	Address (N	lumber and	Street, C	ty, State, Z	(ip Code)					•	
Name of As	sociated Br	oker or De	aler	<u> </u>						<u> </u>		<del></del>
States in W	hich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers			<del></del>	<u> </u>	<u> </u>	
(Check	"All States	" or check	individual	States)	***************************************	******************	***************************************	******			☐ Al	l States
AL	[AK]	AZ	AR	CA	CO	CT	DE]	DC	[FL]	ĜA	HI	ĪĎ
IL	ĪN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	[NY]	NC	ND	OH	OK	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY.	PR
Full Name	Full Name (Last name first, if individual)											
Business o	Residence	Address (	Number an	d Street, C	ity, State,	Zip Code)						
Name of As	sociated Br	oker or De	aler									
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States in W	"All States										□ A1	l States
AL	AK	AZ	AR	CA	CO	CT	DE	DC]	FL	GA		ID
IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
RL	SC	SD	TN	TX	UT	VT	(VA)	WA	WV	WI	WY	PR
Full Name (	Last name	first, if ind	ividual)								<del>_</del> .	
<del>-</del>	<b>b</b> .11			10		71 0 1						
Business of	Residence	Address (	Number an	d Street, C	ity, State, A	Lip Code)						
Name of As	sociated Br	oker or De	aler						<u> </u>			
States in W	hich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers				<u></u>		
(Check	"All States	" or check	individual	States)	••••				***********	••••••	☐ Al	States
AL	AK	AZ	ĀR	CA	CO	CT	DE	(DC)	FL	GA	HI	ID.
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT)	NÉ SC	NV SD	NH TN	NJ TŸ	NM UT	NY VT	NC VA	ND WA	OH]	OK (Wr)	OR WV	PA PR
	رعدا	[30]	111	TX	$\mathbf{c}$	VT	لككا	$\overline{WA}$	$\overline{WV}$	WI	WY	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	s	<b>s</b>
	Equity		
	Common Preferred		
	Convertible Securities (including warrants)	s 2,062,500.00	175,000.00 \$
	Partnership Interests		
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.	<b>~</b>	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	5	<u>\$ 175,000.00</u>
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	T. COCC.	Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s
	Printing and Engraving Costs		\$
	Legal Fees	<b>Z</b>	\$ 10,000.00
	Accounting Fees		\$
	Engineering Fees	_	\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify) blue sky filing fees	L	\$ 1,050.00
	Total	····················	44.050.00

		AND OR INTERCOMO PARAMETERS AND THE CO.	boorers.	
	C. OFFERING PRICE, NUMI	BER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer."			\$
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	[	\$	
	Purchase of real estate		<b></b> -	<del>_</del>
	Purchase, rental or leasing and installation of mac	hinery [		
	Construction or leasing of plant buildings and faci	lities[	_ ]\$	
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger)	ts or securities of another	]\$	_ DS
	Repayment of indebtedness	[		
	Working capital			\$ 2,051,450.0
	Other (specify):			
		[	s	. 🗆 \$
	Column Totals	[	<u>\$</u>	S 2,051,450.0
	Total Payments Listed (column totals added)	Total Payments Listed (column totals added)		
		D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acci	nish to the U.S. Securities and Exchange Commis	sion, upon writte	
SS	uer (Print or Type)	Signature	Date	
DI	GINI Inc.	Son A	4/01	./08
٧a	me of Signer (Print or Type)	Title of Signer (Print or Type)		
or	Grande	President		

- ATTENTION ----